




| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |            | Docket Number (Optional)    |              |
|---|------------|-----------------------------|--------------|
| FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | PP01631.0101 (2300-1631-20) |              |
| Application Number  | 09/610,313 | Filed                       | July 5, 2000 |
| For POLYNUCLEOTIDES ENCODING ANTIGENIC HIV TYPE C POLYPEPTIDE, POLYPEPTIDES AND USES THEREOF  |            |                             |              |
| Art Unit  | 1635       | Examiner                    | B. Whiteman  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |                             |              |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |                             |              |
|   | <u>Fee</u> | <u>Small Entity Fee</u>     |              |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                        | \$ _____     |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                       | \$ 450.00    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                       | \$ _____     |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                       | \$ _____     |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                      | \$ _____     |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |                             |              |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |            |                             |              |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |                             |              |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |                             |              |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any <b>additional</b> fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1648</u> . I have enclosed a duplicate copy of this sheet. |            |                             |              |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |            |                             |              |
| I am the <input type="checkbox"/> applicant/inventor.   |            |                             |              |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |            |                             |              |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,411</u>  |            |                             |              |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |                             |              |
| <u></u>  |            | <u>July 17, 2006</u>        |              |
| Signature   |            | Date                        |              |
| <u>Dahna S. Pasternak, Reg. No. 41,411</u>  |            | <u>650-493-3400</u>         |              |
| Typed or printed name   |            | Telephone Number            |              |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |                             |              |
| <input type="checkbox"/> Total of _____ forms are submitted.  |            |                             |              |